

Missouri Department of Elementary and Secondary Education
**CERTIFICATION REQUIREMENTS
FOR DOCTORAL ROUTE TO CERTIFICATION**

Effective August 28, 2003

An individual who has earned a doctoral degree (Ph.D., Ed.D., M.D., etc.) from an institution of higher education accredited by a regional accreditation agency may apply for Missouri certification based on the major area of post graduate study.

A certificate issued by the doctoral route to certification will be limited to the major area of post-graduate study and must be in a subject area for which there is a Missouri teaching certificate. This certificate is limited to middle school and secondary subject areas only. Elementary, special education, counselor, and administrative certificates are excluded.

The applicant can only be granted an initial professional classification certificate of license to teach. (There is no provision to receive a Career classification.) Applicants must submit the following:

☐ **Application Form**

Completed Application for Missouri Teacher's Certificate for Holder's of Doctorate Degree.

☐ **Transcripts**

Official transcript showing a doctoral degree conferred in the major area of post-graduate study and official transcripts from **ALL** other institutions attended must be provided. Please request that all transcript(s) be sent TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. Transcripts may be submitted by the college or university when the institution will not send official transcripts to the applicant.

☐ **Praxis II Assessment**

Score report showing successful completion of the appropriate exit exam (The Principles of Learning and Teaching) as required by law.

☐ **Background Check**

An applicant must submit a set of fingerprint cards and a \$38 check or money order, made payable to "Treasurer, State of Missouri," for a criminal background check. You need to [request the fingerprint cards](#) from our Conduct and Investigations section, 573-522-8315.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480**

[Check the status of your application.](#)



EDUCATOR CERTIFICATION
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR TEACHER'S CERTIFICATE FOR HOLDERS OF DOCTORATE DEGREE

A. VITAL INFORMATION					
SOCIAL SECURITY NUMBER*		FOR NON MISSOURI GRADUATES ONLY <input type="checkbox"/> ENCLOSED IS \$50 CHECK OR MONEY ORDER MADE PAYABLE TO: TREASURER, STATE OF MISSOURI.			
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)					
ALL MAIDEN/FORMER NAMES					
STREET ADDRESS					
CITY, STATE, ZIP CODE					
DATE OF BIRTH		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		PHONE NUMBERS H () W ()	
B. AREA OF EARNED DOCTORATE DEGREE					
Please list the area of study for earned Doctorate (i.e., biology, history, etc.):					
IMPORTANT: Official transcripts listed in Part C must be received from schools before application is considered complete.					
C. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.					
COLLEGE/UNIVERSITY	STATE	DATES ATTENDED		DEGREE OR CERTIFICATE AWARD DATE	MAJOR
		FROM MO/YR	TO MO/YR		
D. PROFESSIONAL CONDUCT (ALL questions must be answered)					
Applicants must submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Conduct & Investigation Section, Post Office Box 480, Jefferson City, Missouri 65102-0480 and may be completed by any law enforcement agency. Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.					
				YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.				<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?				<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?				<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?				<input type="checkbox"/>	<input type="checkbox"/>
*View the Social Security Number Disclosure Notice.					
E. SWORN AFFIDAVIT					
I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.					
APPLICANT'S SIGNATURE				DATE	
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES! http://dese.mo.gov					